

Provided by

ROBERT G. MONTGOMERY

Franklin County Recorder
373 South High Street, 18th Floor Columbus OH 43215
(614) 462-3930, FAX (614) 462-4299

Choices Living Well at the End of Life

The Ohio Hospice & Palliative Care Organization expresses deep appreciation and gratitude for the cooperation of the Ohio State Medical Association, the Ohio Hospital Association and the Ohio Osteopathic Association for their efforts in the development and distribution of this Advance Directives Packet: Choices, Living Well at the End of Life. We also thank the Ohio State Bar Association for developing the enclosed forms. The packet includes information regarding Hospice and Do-Not-Resuscitate Orders, a Uniform Organ Donation card and one copy each of Ohio's Living Will and Health Care Power of Attorney forms. The Living Will and Health Care Power of Attorney forms conform with the requirements of Ohio's Living Will Law, as amended effective March 15, 2001.

Ohio Hospice & Palliative Care Organization

1646 West Lane Avenue Upper Arlington, Ohio 43221 1(800) 776-9513 1 (614) 485-0021 1(614) 485-0560 fax www.ohpco.org

> Ohio State Medical Association 3401 Mill Run Drive Hilliard, Ohio 43026 www.osma.org

Ohio Hospital Association

155 East Broad Street Columbus, Ohio 43215-3620 www.ohanet.org

Ohio Osteopathic Association

53 West Third Avenue P0 Box 8130 Columbus, Ohio 43201-0130 www.ooanet.org

Table of Contents

Introduction

Your Questions Answered

Ohio's Living Will

Ohio's Living Will Declaration Form

Ohio's Health Care Power of Attorney

Ohio's Health Care Power of Attorney Form

Ohio's Do-Not-Resuscitate Law

The Hospice Choice

Organ & Tissue Donation

Organ Donor Card